U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



Name Thomas

1. File Number U - 13666

3. Name and address of person filing.

Kotel

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Name Pipe Fitter' Association, Local 597

Labor Organization File Number 6/6-4/12

| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any |
|--|---|
| Street 45 N Ogden Ave | Street 45 N Ogden Ave |
| City Chicago | City Chicago |
| State Illinois ZIP Code + 4 60607 | State Illinois ZIP Code + 4 60607 |
| 5. Position in labor organization. Business Agent | |
| Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu | use or minor child directly or indirectly had any of the following interests isions set forth in the instructions): |
| A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati | derived income or other economic benefit of on represents or is actively seeking to represent. |
| 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| Name | |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any | |
| | 7.b. Amount. |
| Street | |
| City | |
| State ZIP Code + 4 | |

Signature

15. Signature and verification, Phe undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

7/1/2005

Date

312-829-4191

Telephone Number

d belief Itrue, correct, and complete. (See the section on penalties in the instructions.)

undersigned's knowledge a

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name Johnson Smetters & Krol LLC a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street 208 S. LaSalle Street, Suite 1602 Chicago State Illinois ZIP Code + 4 60604 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. Local 597 pays for legal services from its General Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. \$113,600 City 12.a. Nature of interest held or income received. Business meetings were conducted over miscellaneous ZIP Code + 4 State meals and sporting events. A Christmas promotion was also provided.

| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). | | 14.a. Nature of payment. |
|---|-----------------|--------------------------|
| Name | | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | |
| City | | |
| State | ZIP Code + 4 | |
| 13.b. Is the Business an Employer | or Consultant ? | 14.b. Amount of payment. |

12.b. Amount.

\$50